



**COWLEY
COLLEGE**

Title IX Complaint/Intake Form

Cowley College is committed to ensuring the protection and safety of our students, faculty and staff, and will offer timely response and resolution of complaints as outlined in our policies. This form will be used for reporting to our Title IX Coordinator and will help ensure that your complaint is handled appropriately until it is resolved. Please provide as much information as possible in support of your claim. You are welcome to attach additional documents with information you believe is necessary. Please print clearly.

This form and any attachments can be submitted to Dawn Simpson, Title IX Coordinator located in Brown Center 103 on the Arkansas City campus. **If you would like to initiate a criminal investigation, please contact the Cowley Campus Security & Public Safety at (620) 441-5599.**

Complainant (person filing the complaint)

Name:	_____	<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Both	<input type="checkbox"/> Other:	_____
Department (employees only):	_____					
Phone:	_____	Email:	_____			
Address:	_____					
City:	_____	State:	_____	Zip Code:	_____	
What is your preferred method of contact?	<input type="checkbox"/> Phone		<input type="checkbox"/> Email			

Respondent (person complaint is against)

Name:	_____	<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Both	<input type="checkbox"/> Other:	_____
Department (employees only):	_____					
Phone:	_____	Email:	_____			
Address:	_____					
City:	_____	State:	_____	Zip Code:	_____	

Remedies Sought by Complainant

What resolution or remedy are you seeking in this matter?

Complaint Acknowledgement

I certify that, to the best of my knowledge, the information I have provided is accurate.

I understand and acknowledge that a copy of the complaint (with attachments) will be provided to the respondent (offender). I also understand and consent to the disclosure of this complaint to the appropriate administrators in order to investigate and resolve this complaint.

I understand that this complaint and all discussions conducted throughout the course of the investigation are confidential to the extent permitted by law. I also understand that any unauthorized disclosures of this information could result in disciplinary action. I agree to abide by these guidelines.

Signature of Complainant
(sending this form via your email will serve as your signature)

Date

Signature of Title IX Coordinator

Date

Dawn Simpson, Title IX Coordinator, Brown Center 103
Cowley College, 125 South Second, Arkansas City, KS 67005
Tel: (620) 441-5557 Email: dawn.simpson@cowley.edu